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was given, as an IV-bolus, in a dose of 50 units/pound, on an ambulatory basis. The results were exciting. Limping patients with extensive venous thrombosis were able to walk back home free of pain after a single injection. Occluded calf veins in symptomatic patients were able to open, when tested the next day with Doppler, after a single injection.

It is my humble opinion that if we want to improve the results of thromboembolic therapy, our present strategies should be challenged. I am more than convinced that heparin, if used properly, would be the ideal thrombolytic and endothelial-protecting agent. A clinical trial should be undertaken to prove that heparin is not only an anticoagulant agent but a thrombolytic as well. Blood clots have plagued mankind since antiquity. It's time to meet the challenge and do something in the way of improved health care. Our children should be able to live in a world free of blood clot problems.

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Corrections

In the article, "Transport Proteins and Acute Phase Reactant Proteins in Children With Sickle Cell Anemia" by R.P. Warrier, S. Kuvibidila, L. Gordon, and J. Humbert (*J Natl Med Assoc.* 1994;86:33-39) a typographical error appeared in the abstract. The first sentence of the abstract should read: "Transport proteins, acute phase reactant proteins (APRP), hematology, and anthropometry were studied in 34 sickle cell disease (SCD) children (20 boys, 14 girls) and 27 controls without growth deficits (13 boys and 14 girls)."